

## PART B - FEE(S) TRANSMITTAL

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23570 23590 12/11/2009  
**JOHN S. PRATT, ESQ.**  
**KILPATRICK STOCKTON, LLP**  
**1100 PEACHTREE STREET**  
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**ATLANTA, GA 30309**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 273-2885, on the date indicated below.

<b>Sandee Hampton</b>	Depositor's name
/Sandee Hampton/	Signature
December 17, 2009	(Date)

APPLICATION NO.	FYING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/317,843	07/12/2005	Greg Swords	37370-339252 (0209)	9008

TITLE OF INVENTION: CRANIOFACIAL IMPLANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input type="checkbox"/> No	\$1510	\$366	\$0	\$1816	07/11/2010

EXAMINER	ART UNIT	CLASS-SUBCLASSE
GANESAN, SUBA	3774	623-017180

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <b>Kilpatrick Stockton LLP</b> (1) the names of up to 3 registered patent attorneys or agents; OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
(3) "Fee Address" indication for "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. 3.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Porex Surgical, Inc. Newnan, Georgia

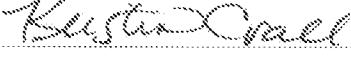
Please check the appropriate assignee category or categories (will not be printed on the patent).  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of fee(s). (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed
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<input checked="" type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 110855. (enclose an extra copy of this form)

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature  Date December 17, 2009

Typed or printed name Kristin M. Crall Registration No. 46,895

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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